

HATT SYMPHONY ORCHESTRA PROGRAM PARTICIPANT APPLICATION PACKET

Dear Applicant,

Thank you for expressing a commitment to being a part of the HATT Symphony Orchestra Program and choosing to be a positive influence in your community. Children like you are the backbone of the HATT Symphony Orchestra Program, and your impact will be widely felt and greatly appreciated by our community. We are looking forward to enriching your life.

There are a few steps you will need to take to qualify to participate in our program. Carefully review the information below in its entirety. We are looking forward to meeting you soon.

Required Documents

- In order to process your participant application, there are certain documents that we will need from you, for you and your parents/guardian to be signed and returned to us immediately at admin@hatt1.com. The following items should be included in your participant packet:
 - ✓ Participant Application (including Code of Ethics & Acknowledgment Agreement)
 - ✓ HATT Foundation's Child Abuse Prevention Code of Conduct
 - ✓ Participant Handbook Acknowledgment Page
 - ✓ Participant Authorization for a Minor
 - ✓ Media Consent Form
 - ✓ Current Physical Form
 - ✓ Immunization and TB Form
 - ✓ Covid-19 Test Results
 - ✓ Copy of Parents/Guardian's Driver's License(s)
- ALL forms must be completed and signed as part of the participant application process.
- HATT team is responsible for verifying the documents and submitting the checklist in order to obtain an official approval letter for the participant's application.



HATT FOUNDATION, INC PARTICIPANT APPROVAL CHECKLIST

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY FOR HOPE*LIFE*ETERNITY

Participant Information (please print clearly):		
Name: _	Date First M.I. Last	
Phone N	umber: Email:	
Requi	red Documents (to be completed by HATT Team):	
-	neck off all items that have been completed:	
	Minor Authorization Form	
	Participant Application	
	Participant Code of Ethics	
	Participant Acknowledgment Form	
	HATT `s Child Abuse Prevention Code of Conduct	
	Participant Handbook Acknowledgment Form	
	Child's Current Physical Form (must be within 6 months from application submission)	
	Child's Immunization Records	
	Child's Covid-19 Test Results (within 1 week from application submission and 1 week within starting the program)	
	Child's TB Test Results (within a year from application submission)	
	Copy of Parents/Guardian's Driver's License(s) (from both parents if applicable)	

Submission:

By signing below, you are verifying that these documents have been reviewed by you and your parents/guardians, acknowledge HATT policies, rules, and codes, and all information you provided are correct. Furthermore, I have signed and completed all necessary forms in order to apply for a participant position within with HATT Symphony Orchestra Program. I understand that completion of these documents does not guarantee a participant an approved status and that an official letter will be communicated from the HATT Office.

PARTICIPANT PRINTED NAME	PARTICIPANT SIGNATURE	DATE
PARTICIPANT'S PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE	DATE



HATT FOUNDATION, INC PARTICIPANT AUTHORIZATION FOR A MINOR

In order for your child to become a participant with us, we need your consent and involvement in helping him or her have a productive experience. Please read and sign this parental consent form if you would like the HATT Foundation, Inc to continue the processes of considering your child as a participant in the HATT Symphony Orchestra Program.

Please read the acknowledgment below:

NOTE: This authorization form must be filled out for ALL participants applicant of HATT programs. Children under the age of 12 are not permitted to participant in HATT FOUNDATION, INC programs.

Name of Youth Participant (please print clearly):

As parent and/or legal guardian of the above mentioned child, I authorize him/her to participate in the HATT Symphony Orchestra Program. I hereby give permission for him/her to serve in that capacity, if accepted by the HATT Foundation. I understand that he/she will be provided with training necessary for safe and responsible performance of his/her duties and that he/she will be expected to meet those requirements.

I authorize the HATT Foundation to conduct all necessary screenings, trainings, and to contact the minor directly regarding those screenings and trainings. I understand that the information obtained to determine participant eligibility is confidential and may be shared with the licensing staff only in accordance with the applicable federal, state, and local laws and HF Regulations.

I understand that he/she will not receive monetary compensation for the services contributed while in the Program.

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the HATT allowing my child to participate in this HATT program activity, I understand and expressly acknowledge that I release the HATT Foundation and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my child's participation. I understand that this release includes claims based on negligence, action, or inaction of the HATT Foundation, Inc, its staff, directors, members, and guests. Furthermore, I understand that the HATT Foundation, Inc is not responsible for personal property lost or stolen while my child is participating in this HATT program activity.

Acknowledgment Signature:

I acknowledge the waiver set forth above. In accordance with the mission statement of the HATT Foundation, Inc, I am giving my child permission to engage in the participant program.

MOTHER/GUARDIAN SIGNATURE

DATE

FATHER/2ND GUARDIAN SIGNATURE

DATE



HATT FOUNDATION, INC **PARENT/GUARDIAN INFO**

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY FOR HOPE*LIFE*ETERNITY

Parent/Guardian Personal Information (Must have 2 adult contacts for the minor)			
Name		Relationship to Minor	
First M.I. La	st		
Address			
Street	City	State	Zip Code
Cellphone Number	Email		
Name of Employer	Pho	one Number	
Name		Relationship to Minor	
First M.I. La	ist		
Address			
Street	City	State	Zip Code
Cellphone Number	Email		
Name of Employer	Pho	one Number	
Have you ever been convicted of or plead no contest to any criminal offenses? 🔲 Yes 🔲 No If yes, please describe in full:			
Emergency Contact Information: (if different	from above)		
Who may we contact?			
Name Rel	lationship	 Telephone Nur	nber
How did you hear about our program?			
As a parent/guardian of my child who is interested in participating in your HATT Symphony Orchestra Program, I promise to do everything I can do support and help promote the program, get sponsors in every way I can by making sure my child gets to all his/her practice/rehearsals/training, scheduled events, other HATT's event, and talk to my child about following instructions and how to properly behave while in any of these events or practice/training. Also by making sure my child continue to practice with his/her musical instrument at home for the amount of hours required by the conductor/teacher and making sure my child takes great care of the musical instrument assigned to her/him. I will make sure that my child goes to his/her practice/rehearsals/training and event with his/her assigned musical instrument.			

MOTHER/GUARDIAN SIGNATURE

DATE



HATT FOUNDATION, INC PARTICIPANT INFORMATION

Participant Information (please print clearly):			
Name: First M.I.	Last	Date of Birth:	
Nickname (if applicable)		Sexual Orientation:	
Telephone Number:	Email:		
Which languages can you speak and understand clearly? _			
Do you have any health-related limitations? \Box Yes \Box No	lf yes, please explain		
Why do you want to participant in this program?			

Commitment

Being in this program requires commitment and hard work from you. You must attend all or most of the practices/rehearsals/training at the HATT Symphony Orchestra facility, practice playing your instrument at home at least 3 hours a day or more, if possible, be able to be present/perform to all or most of HATT Symphony Orchestra events. You must take proper care of your instrument and must bring your instrument to every practices/rehearsals/training and events. You must follow all instructions of the Conductor and HATT teachers and HATT rules, codes, and regulations. You are only excuse from requirements if they are interfering with your school attendance, homework, or 8 hours of sleep that your body requires to continue to grow. You must commit to always behave in the proper manner before, during, and after practices/rehearsals/training and events. You must promise to always be polite and respectful to your conductor/teacher, everyone in the program, everyone involve in the program including their family/parents. You must promise not to use any profanity, be violent, or bully any child in the program. By signing below you agree to the above commitment and conditions.

Signature	Date
Availability	
How many hours per week can you commit to the program?	
Which days and time?	
Do you have other siblings you want to also participate in the	program? List their names and ages below.

Application Continued		
Related Background Information		
Have you played a musical instrument before? 🗆 Yes 🗀 No		
If yes, which musical instrument(s)		
How well can you play this/these instrument(s)? 🗆 Beginner 🛛 Intermediate 🛛 Very well 🗔 Excellent		
List 3 musical instruments you are interested in playing if accepted in the HATT Symphony Orchestra Program:		
Can you sing? 🗆 Yes 🗆 No If opportunity arise, would you be interested in singing a solo? 🗆 Yes 🗆 No		
List previous related training/practice experiences, education, or certifications you received		
Health		
Parent/guardian, does your child have a health insurance? \Box Yes \Box No If yes, name of insurance		
Insurance expiration date		
Child's Doctor's Name Phone Number		
For the safety of your child(ren) and other children in the program, we ask for a copy of all child's immunization record including TB test results, have a physical exam done and have the doctor fill out the physical form in this packet within 6 months of starting the program, Covid-19 test within one week of starting the program. Parent Initial		
Transportation		
Parent/guardians, we work hard to get individuals, businesses and community leaders to sponsor a child in the program that includes transportation. However, we still do not have enough sponsorship that ca provide transportation for all participants in the program. If your child is one of those who do not have a sponsored transportation, you as their parent/guardian must provide their transportation to and from their practices/rehearsals/training and events.		
Parent/guardian signature Date		
Waiver		

I certify that the information contained herein is correct to the best of my knowledge and understand that falsification of information or omission of significant information may be grounds for dismissal from the program. I authorize the HATT Foundation, Inc to investigate and verify the information I have submitted on this packet. I agree to conform to the rules and regulations of the HATT Foundation, Inc and the State of Florida and acknowledge that these rules and regulations may be changed at any time, at the HATT Foundation, Inc's sole option and without prior notice.

I acknowledge and agree that all risks of injury arising out of my child's presence on or about the HATT premises, events, or my child's use or intended use of the musical instrument, equipment and facilities, or my child's participation in the activities of the HATT Foundation programs, a Florida corporation, and I do hereby for my child, myself, my spouse/partner, and my heirs, executors and administrators waive, release and agree to hold free from all claims for damages the HATT Foundation, Inc and its respective officers, directors, Board of Members, Trustees, members, volunteers, employees or agents. I understand that the HATT Foundation, Inc is not responsible for personal property lost or stolen while participating on HATT premises and events. I give my permission to the HATT Foundation, Inc. to use limitation and obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting HATT Foundation programs. I agree this waiver includes releasing the HATT Foundation, Inc or its employees and agents.

I understand that I am offering my child's and my services to the HATT Foundation, Inc' programs without compensation. It is the policy of the HATT Foundation, Inc to conduct random drug test or criminal history background checks for individuals who participate in HATT program activities. Additionally, as a minor applicant's parent/guardian to become a HATT Foundation, Inc participant or subsequent to being approved as a HATT Foundation, Inc participant, my child can be randomly selected to submit to a drug test by the HATT Foundation team. By submitting this application, I understand and agree to the above provisions and have reviewed the entire application and have provided correct information.

Participant Printed Name	
Participant Signature	Date
Printed Name of Participant's Legal Guardian	
Signature of Participant's Legal Guardian	Date

Participant and Partipant's Parents/Guardians Code of Ethics and Rules

- 1. Smoking or use of tobacco products or vaping in the presence of children, HATT employees, volunteer, and other participants is prohibited. This applies to both the Participant (Child) applicant and their parents/guardians.
- 2. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
- 3. Participants shall not abuse other children including:
 - Physical Abuse strike, spank, shake, or slap.
 - Bullying
 - Verbal Abuse -humiliate, degrade, threaten.
 - Sexual Abuse including inappropriate touching and exposure.
 - Mental or Psychological Abuse
- 4. Participants must treat other children and HATT employees and volunteers of all races, religions, and culture with respect and consideration.
- 5. Participants must use positive techniques, including positive and health competitiveness, rather than hurting others, comparison, or criticism.
- 6. Participants shall abstain from humiliating or frightening other children or members and employees of HATT Foundation.
- 7. Participants shall not use profanity in the presence of other children, their parents, employees, volunteers, or anyone who are helping on behalf of HATT.
- 8. Participants will refrain from intimate displays of affection toward others in the presence of other participants, HATT employees and volunteers.
- 9. Gifts (monetary and tangible) over the value of \$25.00 given to directly to the participants are prohibited. They must go through the proper channel.
- 10. Participants must be free of physical and psychological conditions that might adversely affect their performance, responsibilities, other children's health, including fever and contagious conditions.
- 11. Participants will portray a positive role model as a HATT Participant by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, and maturity.
- 12. Participants will do everything in their power to avoid being put in a situation where they are alone with a HATT employee, volunteer, or other child participant or parents/guardians other than their own parents/guardians. All form of fraternizing or sexual harassment is prohibited.
- 13. Participants will never transport another participants or child in their own or their parents'/guardians' vehicle unless had previous approval from HATT management or that other participant/child's parents/guardians.
- 14. Participants will not fraternize with a minor participants in any way. However, if HATT participant have another HATT participant as friends, the HATT participant must obtain permission from both the HATT participant's parents/guardian to socialize with their children. If the HATT learns of a violation of this policy, the violation may be grounds for removal as a participant and if needed reported to Florida Department of Children and Family Services for child abuse. This policy applies to all HATT employees, volunteers, members, supporters, board members, directors, and trustees.
- 15. Florida law requires that all citizens report any suspected abuse or neglect of a child to the Florida Department of Children and Family Services and the local law enforcement agency.
- 16. I understand that as a participant for the HATT, I will be subject to a random drug test/screening and/or background check, including criminal history.
- 17. I have been informed of the HATT's position regarding child abuse and bullying and have read and understand the HATT's Child Abuse Prevention Code of Conduct. I understand that in addition to the mandates described in this Participant Code of Ethics and Rules, the HATT will, among other things, conduct a thorough check of my background, drug screening, and conduct periodic interviews/evaluations with parents to encourage reports of anything out of the ordinary.
- 18. I understand that allegations or suspicions of child abuse are taken very seriously by the HATT Foundation and will be reported to the Florida Department of Children and Family Services and local Police Station and that the HATT will fully cooperate with any related investigations and will pursue the prosecution of child abusers to the full extent of the law under the laws of the state of Florida.
- 19. There will be no bullying, fraternizing, or abuse of any kind allowed. It will be grounds for automatic removal from the premises and all HATT Programs.

I understand that any violation of this Code may be grounds for removal as a participant and parents/guardians of the participant. Being fully aware of the matters contained within the Participant Code of Ethics and Rules, I still desire consideration as a participant and parents/guardians of the HATT program.

Participant Signature	Date
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

Participant and Partipant's Parents/Guardians Acknowledgement Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the HATT. I authorize the schools, parents, previous employers, agencies and other organizations named in this application to provide the HATT (its authorized members, agents or representatives) with any relevant information that may be required to arrive at a participant placement decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal for placement.

I hereby give my permission for the HATT to obtain information relating to my child's and I's criminal history record. I understand that this information will be used to determine my child's eligibility for a participant position with HATT Symphony Orchestra Program and other HATT program. I also understand that as long as my child remain a participant at HATT Foundation, they may repeat this criminal history check and drug test/screening any time.

In the event my child participates in negative or illegal behavior, I understand that my child will be subject to dismissal from the program at the discretion of the HATT Foundation management. If, in the event I choose my child to cease participating in this program, I am free to do so at any time and after submitting a written notice to admin@hatt1.com.

I also understand that, if my child is selected to be participant in this program, any misrepresentation made by me or my child completing this application will be considered as sufficient cause for my child's dismissal from the program without advance notice.

I understand that the HATT will take seriously any allegations or suspicions of child abuse, fraternizing, and bullying from me or my child and will report such allegations to the police and Department of Children and Family Services. Such actions will be considered as sufficient cause for my child's dismissal from the program without advance notice.

I authorize the HATT to supply my child's participant record, in whole or in part, and in confidence, to any prospective sponsor or donor or college/education institution, with a legal and proper interest.

In the event of my child's selection, my child and I will comply with all rules and regulations as set forth by the HATT. I have read, understand and support the HATT's position on the problem of child abuse.

I understand that completion of this form does not guarantee my child the status as a participant. I must meet all stated conditions required of the position for which my child and I am asked to be considered.

I understand that I am to immediately report accidents or injuries of my child and myself and participants to the HATT's Music Director or Executive Director by calling (844) 737-4288.

I understand that I am required by law to report known or suspected instances of child abuse to the Department of Children and Family Services at 1-800-962-2873 or local police.

I understand the policy of the HATT is to refer all inquiries from the media or press to the appropriate HATT member.

I understand the policy of the HATT is to cooperate with the authorities in the investigation of suspected child abuse and molestation, bullying, violence, or drug abuse my child, as a participant and I, agree to cooperate with the investigation as requested.

I have read the above statements and accept the same as a condition of my child's placement with the HATT Foundation, Inc program.

Participant Signature	Date
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date



- In order to protect HATT staff, participants, and program participants—at no time during a HATT program may a staff person or participant be alone with a single child where they cannot be observed by others. As a participant's parents/guardian and HATT staff supervises children, they should space themselves in a way from other children that another staff/participant can see them.
- 2. Staff/volunteers/parent/guardian shall never leave a child unsupervised.
- 3. Restroom supervision: Staff/volunteer will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff/volunteer will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff and/or volunteer (not being alone with a child). If Staff/volunteer are assisting younger children, doors to the facility must remain open. No child regardless of age should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with Staff/volunteer
- Staff/volunteer should conduct or supervise private activities in pairs – diapering, putting on bathing suit, taking showers, etc. When this is not feasible, Staff/volunteer should be positioned so that they are visible to others.
- 5. Staff/volunteer shall not abuse children including:
 - physical abuse strike, spank, shake, slap;
 - verbal abuse humiliate, degrade, threaten;
 - sexual abuse inappropriate touch or verbal exchange;
 - mental abuse sharing, withholding love, cruelty;
 - neglect withholding food, water, basic care, etc.

Any type of abuse will not be tolerated will be caused for immediate dismissal.

 Staff/volunteer must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism.

Staff/volunteer will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner and must be documented in writing.

- 7. Staff/volunteer will conduct a health check and each child, each day, as they enter the program, noticing any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
- 8. Staff/volunteer responds to child with respect and consideration and treat all children equally regardless of sex, race, religion, culture.

- Staff/volunteer will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.
- 10. Staff/volunteer will refrain from intimate displays of affection towards others in the presence of children, parents, and Staff/volunteer.
- 11. While the HATT does not discriminate against an individual's lifestyle, it does required that in the performance of their job they will abide by the standards of conduct set forth by the HATT
- 12. Staff/volunteer must appear clean, neat, and appropriately attired.
- 13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
- 14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
- 15. Profanity, inappropriate jobs, sharing intimate details of one's personal life and any kind of harassment in the presence of children or parents is prohibited.
- Staff/volunteer must be free of physical or psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
- Staff/volunteer will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
- 18. Staff/volunteer may not be alone with children they meet in HATT programs outside of the HATT. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administer approval.
- 19. Staff/volunteer are not to transport children in their own vehicles.
- 20. Staff/volunteer may not date program participants under the age of 18 years of age.
- Under no circumstance should Staff/volunteer release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the HATT).
- Staff/volunteer are required to read and sign all policies related to identifying document, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

I understand that any violation of this Code of Conduct by my child or me may result in termination/or dismissal from my child's participant in HATT program.

Participant's Signature

Parent/Guardian Signature

Date

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HATT FOUNDATION, INC

PARTICIPANT HANDBOOKACKNOWLEDGMENT

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY FOR HOPE*LIFE*ETERNITY

Please read the acknowledgment below:

I hereby acknowledge that I and my child may, should I choose to do so, receive a hard copy of the HATT Foundation, Inc's Participant Handbook from HATT management during my child's participant application process. Since the information, policies and procedures described in the handbook are subject to change as needed, I acknowledge that revisions may occur. I also understand that only officers of the HATT Foundation, Inc have the ability to adopt revisions to this handbook.

I am aware that it is my continuing responsibility to read and comply with its contents for as long as I choose to participant with the HATT Foundation, Inc program. I also understand and agree that the Participant Handbook is not an employment contract for any specific period of employment or for continuing or long-term employment/participation. All participation is at will; therefore, I acknowledge and understand that I have the right to resign my child from his/her participant position with the HATT at any time with or without cause. In addition, the HATT has the right to terminate my child's participant position at any time with or without notice or cause.

Furthermore, **my child and I understand that it is my responsibility** to read, understand, ask questions, and abide by the policies and procedures within the HATT Foundation, Inc's Participant Handbook for my child and I, as the parent/guardian of the participant.

Acknowledgment Signature:

I have read and am voluntarily acknowledging that I will receive and review this document in its entirety. I understand the processes and/or procedures I need to take in order to receive access to the above mentioned document. Should I choose not to abide by this acknowledgment, I release the HATT Foundation, Inc and its staff members from liability for any injury, loss, and/or damages associated with not reviewing the items within the Participant Handbook.

Participant's Printed Name

Participant's Signature

As the parent(s) of the minor, we are holding myself/ourselves accountable/responsible for my/our and my/our child's actions, make sure our/my child and us/l abide by all agreements in this participant packet, and legally bind ourselves to the agreements in this participant packet.

Participant's Parent Printed Name

Participant's Parent Signature

Participant's Parent Printed Name

Participant's Parent Signature

Date

Date

Date